

KENTUCKY STATE GOVERNMENT



CO-OP / INTERN PROGRAM

Commonwealth of Kentucky – Personnel Cabinet PERFORMANCE EVALUATION FORM		1. Student's Name (Last) _____ (First) _____		2. Social Security Number _____
3. Date of Evaluation Period Mo./Day/Yr. _____ to _____ Mo./Day/Yr.		4. Semester (<i>Check One</i>) Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/>		5. Organization (Department/Division) _____
6. Position Number _____		7. Class Title (<i>Check One</i>) <input type="checkbox"/> High School Co-op (Level I) <input type="checkbox"/> Graduate / College Co-op (Level III) <input type="checkbox"/> College Co-op (Level II) <input type="checkbox"/> Other _____		
8. Job Description: Accurate and complete description of this student's job duties as assigned by the evaluator(s) after discussion with student. <i>The job description must be reviewed, signed and dated in the space below by both student and evaluator at the start of the performance period.</i> Evaluator should rate student on this present job. Also, supervisor must check the appropriate box at the bottom of this page to indicate the criteria used for the evaluation.				
We, the undersigned, have met and agreed that the following job description and applicable criteria for evaluation have been mutually discussed prior to the beginning of the performance period.				
_____ Supervisor Signature		_____ Date		_____ Student Signature
_____ Date				

SECTION I --- JOB CATEGORIES		<i>Evaluator: Please check the rating which clearly expresses the student's work.</i>		
1. Job Knowledge/Skills	<input type="checkbox"/> Exceeds Performance Criteria	<input type="checkbox"/> Meets Performance Criteria	<input type="checkbox"/> Fails To Meet Performance Criteria	
2. Quality of Work Quality standards (i.e. accuracy, neatness and thoroughness)	<input type="checkbox"/> Exceeds Performance Criteria	<input type="checkbox"/> Meets Performance Criteria	<input type="checkbox"/> Fails To Meet Performance Criteria	
3. Productivity Quantity of work expected of the job assignment	<input type="checkbox"/> Exceeds Performance Criteria	<input type="checkbox"/> Meets Performance Criteria	<input type="checkbox"/> Fails To Meet Performance Criteria	
4. Improvement in Performance (Work progress as an employee or supervisor) STUDENT: Performs work without close supervision or assistance and/or exhibits initiative. SUPERVISOR: Makes decisions, delegates responsibility, gives guidance and direction to employees and contributes toward students' development. NOTE: If employee is a working supervisor, consider both areas above.	<input type="checkbox"/> Exceeds Performance Criteria	<input type="checkbox"/> Meets Performance Criteria	<input type="checkbox"/> Fails To Meet Performance Criteria	
5. Student Conduct (Responsibility/Interpersonal Skills) Base evaluation on applicable areas, i.e. punctuality, attendance, safety, acceptance of responsibility and interpersonal skills.	<input type="checkbox"/> Exceeds Performance Criteria	<input type="checkbox"/> Meets Performance Criteria	<input type="checkbox"/> Fails To Meet Performance Criteria	
SECTION II --- EVALUATOR'S SUMMATION <i>(If necessary, attach separate sheet)</i> Complete this section providing justification for each rating assigned. Note significant contributions made to the agency and any suggestions for improvements.				
1. Job Knowledge/Skills				
2. Quality of Work				
3. Productivity				
4. Improvement in Performance				
5. Employee Conduct				
This reflects my evaluation of the student's job related performance. I have <u>met</u> with the student and <u>discussed</u> this evaluation.	Evaluator's Signature	Position Title	Date	
PARTICIPATION IN FORMALIZED TRAINING ACTIVITIES				
Did the co-op/intern participate in centrally sponsored training activities? <input type="checkbox"/> YES <input type="checkbox"/> NO		Did the co-op/intern actively participate in institution-agency-unique training activities? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Number of Events _____	Number of Hours _____	Kinds of training events offered _____		
If participation in training activities was minimal, please explain why.				
SECTION III --- STUDENT'S COMMENTS <i>(If necessary, attach separate sheet)</i>				